



Deaf Education Advocates Foundation

Supporting Washington School for the Deaf

DONATION FORM

P.O. Box 2561, Vancouver, Washington 98668-2561 • 360-418-4289 • www.deaf-wa.org

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Donor Name(s): _____
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Street Address: _____ City: _____
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☐ *Check here if you prefer that this contribution and/or your name NOT be listed in publications

TYPE OF DONATION

_____ I WOULD LIKE TO PURCHASE ONE OR MORE COMMEMORATIVE BRICK(s) at \$50/brick (\$5.00 per brick discount for 5 or more bricks)

A D.E.A.F. representative will contact you to confirm wording for your brick and other details

_____ I WOULD LIKE TO MAKE A ONE-TIME DONATION TO D.E.A.F. OF \$ _____

_____ I WOULD LIKE TO MAKE A PLEDGE (REPEATING DONATION), AS FOLLOWS:

A sum of \$ _____ Once every ☐ Month ☐ Quarter ☐ Year FOR A TOTAL OF \$ _____

Matching Contributions

Does your employer match donations? ☐ YES ☐ NO ☐ Not Applicable

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

- ☐ Check enclosed – one-time donation
☐ Check enclosed for first pledge payment. *Please bill me for future installments*
☐ Credit card: I will make my first pledge payment online via PayPal at www.deaf-wa.org
☐ Securities or stocks: Call the foundation office at 360-418-4289 for details
☐ Please contact me at this phone number/email to discuss: _____

- Deaf Education Advocates Foundation is a 501 (c) (3) nonprofit organization. Tax ID #91-1458851
- You received no goods or services for this contribution
- You will be sent an acknowledgement letter for your tax records upon receipt of donation

Please forward completed form to:
Deaf Education Advocates Foundation
PO Box 2561
Vancouver, WA 98668-2561